

1554

301

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH Maricopa County Arizona State Phoenix City Phoenix No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Pearl May Hermes 761 Coconino County 1983.
(a) Residence. No. Indian School St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>F</u>	4 COLOR OR RACE <u>American</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>			16 DATE OF DEATH (month, day, and year) <u>Feb. 27 1920</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>B. O. Hermes</u>					17 I HEREBY CERTIFY, That I attended deceased from <u>Feb. 15 1920</u> to <u>Feb. 27 1920</u> that I last saw her alive on <u>Feb. 27 1920</u> and that death occurred, on the date stated above, at <u>12:30 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Pulmonary and Intestinal T.B.</u>	
6 DATE OF BIRTH (month, day, and year) <u>Sept. 17 1879</u>					(duration) _____ yrs. _____ mos. _____ ds.	
7 AGE Years <u>40</u> Months <u>5</u> Days <u>10</u>		If LESS than 1 day, _____ hrs. or _____ min.			CONTRIBUTORY (SECONDARY) _____	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					18 Where was disease contracted (duration) _____ yrs. _____ mos. _____ ds. If not at place of death? <u>Ariz</u> Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>yes</u> (Signed) <u>A. Wheeler</u> M. D. , 19 (Address) <u>East Farm San, Phoenix</u>	
9 BIRTHPLACE (city or town) <u>Sioux Falls</u> (State or country) <u>South Dakota</u>					* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
10 NAME OF FATHER <u>J. F. Tilden</u>					19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Greenwood</u> DATE OF BURIAL <u>2-28-1920</u>	
11 BIRTHPLACE OF FATHER (city or town) <u>?</u> (State or country) <u>U. S.</u>					UNDERTAKER <u>Merryman Co</u>	
12 MAIDEN NAME OF MOTHER <u>May Watkins</u>					ADDRESS _____	
13 BIRTHPLACE OF MOTHER (city or town) <u>?</u> (State or country) <u>?</u>						
14 Informant <u>B. O. Hermes</u> (Address) _____						
15 Filed <u>Feb 28 1920</u> <u>H. W. Branch</u> REGISTRAR						